# NEWFIELDS POLICE DEPARTMENT
# VOLUNTARY STATEMENT

CFS#_____ OFFENSE# _____ ACCIDENT# _____

STATEMENT OF: _____ DOB: _____

ADDRESS: _____ TEL: _____

DATE: _____ TIME: _____ PLACE: _____

CIRCLE APPLICABLE STATUS: NOT UNDER ARREST UNDER ARREST

**If under arrest – I have been advised of my right to remain silent, my right to an attorney even if I cannot afford one and the fact that anything within this statement may be used against me in a court of law.**

**I swear and affirm that the facts contained in this statement are true and accurate to the best of my belief and knowledge and may be used for whatever law enforcement purpose it may serve.**

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_____
Signature of Person providing statement

_____ _____
Witness Justice of the Peace/Police Officer